



Town of Los Altos Hills Parks and Recreation

**Year Round Riding Program  
Winter Session-2006**

26379 Fremont Road, Los Altos Hills, CA 94022  
(650) 941-7222 ext. 241

[www.cityclerk@losaltoshills.ca.gov](http://www.cityclerk@losaltoshills.ca.gov)

The 2006 Year 'Round Riding Program Winter Session has **two** levels of riding lessons being offered for children/youth. The **Beginners Program** is for children who have little or no riding experience and the **Novice Program** is for riders who are comfortable at the walk and trot and are beginning to canter. Both programs are for children 7-18 years of age. Both programs are for six weeks.

**REGISTRATION**

Mail/Walk-in: 26379 Fremont Road, Los Altos Hills, CA 94022

**AGES** - 7 to 18      **FEES** - Resident: \$240.00      Non-resident: \$260.00

**LOCATION** - Westwind Barn, 27210 Altamont Road, Los Altos Hills 94022

**CLASS DATES AND TIME:**

**Beginner Session**

Tuesdays: January 24 – February 28 (4:00-4:45 PM)\*

- Two Children / Ages 7-18 Years

**Novice Session**

Wednesdays: January 25 – March 1 (4:00-4:45 PM)\*

- Four Children / Ages 7-18 Years

\* If needed, "Rain Day" is scheduled for March 6<sup>th</sup>.

**GENERAL INFORMATION** - No special riding attire is required, however, for safety reasons we will require that participants come neatly dressed wearing:

- Jeans or other long pants (no shorts)
- Hard sole boots or shoes with 1" heel
- No jewelry; hair pulled back and out of face

Participants First and Last Name	Birth date	Course/Activity	Beginner	Novice	Fees \$240/\$260
		Year Round Riding	Session__	Session__	
		Year Round Riding	Session__	Session__	

**Parent/Adult Contact Information:**

Name \_\_\_\_\_  
Last First Email

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Local Emergency Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

**Release of Liability & Assumption of Risk Agreement**

In consideration of the acceptance of the application for entry into the classes or activities listed on the Registration Form, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities.

I am aware that these classes or activities subject me to physical risks and dangers, nevertheless, I voluntarily agree to assume any and all risks of injury or death, and to release, discharge, and hold harmless all of the entities or persons mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs, personal representatives, next of kin, spouse or assigns.

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns.

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

**TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR PARTICIPANTS**

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print parent/guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Please indicate whether you are signing as: ☐ Parent ☐ Guardian

**REFUND POLICY**- Refunds will only be given up to 7 days before the commencement of program. Within 7 days, a refund will only be granted if vacated position is filled. No refunds will be given after program has started.

Please detach and remit payment to: Town of Los Altos Hills  
c/o City Clerk  
26379 Fremont Road  
Los Altos Hills, CA 94022